-	TE / OFFICEHOLDER N FINANCE REPORT	•	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Raul NICKNAME LAST Gonzalez	A. SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	2707 Carparyon In	TY; STATE; ZIP CODE Austin, TX 78704	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 914-0833	EXTENSION	Receipt # 17 Amountas 171
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST . MS. Madge	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business	street address (NO PO BOX PLEASE); APT / SUIT		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 796-9405	EXTENSION	
9 REPORTTYPE	January 15 XX 30th day before election July 15 8th day before election		Exceeded \$500 limit 15th day after campaign treasurer appointment (officeholder only)
10 PERIOD COVERED	Month Day Year THROL	Month Day 09 / 30	/ 06
11 ELECTION	Month Day Year 11 / 07 / 06 Primary		General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (*known Justice of t	the Peace Pct. 4
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign e Candidates are required to disclose this information Name		
INDIVIDUALS	N/A Address / PO Box: Apt. / Suite #; City; State; Z	Zip Code	-
addwona pages			
	GO ТО Р	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ra	ul Arturo	Gonzalez	16 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	otice of political expenditures by political committees to support the cand be without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.			
COMMITTEE	COMMITTEE TYPE GENERAL SPECIFIC	N/A COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEE			
 - 		. POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$8,440.00		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZ	\$ 672.20		
	4. TOTAL POLITICAL EXPENDITURES \$ 5,301.26				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$ 3,577.26		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	HE \$ -0-		
- n-w	bed before me, by t	is true and correct and includes all ime under Title 15, Election Code. State of Texas ion Expires	perjury, that the accompanying report information required to be reported by diddre of Officeholder		
Signature of officer add	Iministering oath	Printed name of officer administering oath	itle of officer administering oath		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Raul Arturo Gonzalez 5 Full name of contributor 7 Amount of 8 In-kind contribution Out-of-state PAC (ID#) contribution (\$) description (if applicable) 08/23/06 Mack Ray Hernandez, \$200.00 6 Contributor address; City; State; Zip Code 524 N. Lamar Blvd. Ste. 202 Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Attorney at Law Date Full name of contributor Cut-of-state PAC (ID# In-kind contribution Amount of contribution (\$) description (if applicable) 08/20/06 Madge Vasquez \$300.00 Contributor address; City; State; Zip Code 8522 Birmingham Dr. Austin, TX 78748 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Community Development Officer Wachovia Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution description (if applicable) contribution (\$) | R. Patrick Fagerberg 08/24/06 \$200.00 Contributor address: City; State; Zip Code 508 W. 14th, Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney at Law Date Full name of contributor Out-of-state PAC (: D#: Amount of In-kind contribution contribution (S) \$100.00 description (if applicable) 08/31/06 Tom Sellers Contributor address; City; State; Zip Code 2102 Woodmont Ave. Austin, TX 7870B (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Conoco Phillips Principal occupation / Job title (See Instructions) GOV T Affairs Date : Full name of contributor Amount of In-kind contribution ut-of-state PAC (iD#: contribution (\$) description (if applicable) 08/31/06 Paul Ruiz \$150.00 Contributor address; City; State; Zip Code 309 Cumberland Rd. Austin TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) $Attorney \ at \ Law$ Employer (See Instructions) Clark, Thomas & Winters

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS

SCHEDULE A

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	equie A:
2 FILER NAM	lE		3 ACCOUNT# (Et	nics Commission filers)
Raul Ar	turo Gonzalez			
4 Date 8/30/06	5 Full name of contributorout-of-state PAC(ID# Granger and Mueller, P.C. Aaron Mueller)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0,30,00	6 Contributor address: City; State; Zip Code		\$300.00	i.
	605 W.10th St. Austin, T	X 78701		
			(If travel outside o	 of Texas, complete Schedule T)
	ney at Law	10 Employer (See		
Date	Full name of contributorout-of-state PAC (ID#)	Amount of	In-kind contribution
	Mitchell & Colmenero, LLP		contribution (\$)	description (if applicable)
8/29/06	Mitchell & Colmenero, LLP Rudy Colmenero Contributor address: City, State; Zip Code		\$300.00	
	700 Lavaca St. Suite 607	Austin, TX		
	78701		(If travel outside o	; of Texas, complete Schedule T)
	pation / Job title (See Instructions) ney at Law	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/31/06	_	·	contribution (\$)	description (if applicable)
	Law Office of Eloisa O. Ga Contributor address; City; State; Zip Code	arcia	4400 00	1
	1306 E. 7th St. Austin, 1	TX 78702	\$200.00	
	•		(if travel outside (i of Texas, complete Schedule T)
	pation / Job title (See Instructions) ney at Law	Employer (See I		
Date	Full name of contributorout-of-state PAC (ID#		Amount of	In-kind contribution
8/31/06	Arnold A. Garcia		contribution (\$)	description (if applicable)
!	Contributor address; City; State; Zip Code			
ļ	504 W. 7th St., Austin, TX	X 78702	\$300.00	[!
			(If travel outside o	l of Texas, complete Schedule T)
Principal occu Attor	pation / Job title (See Instructions) ney atLaw	Employer (See I	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
8/31/06	Michael N.Casias		contribution (\$)	description (if applicable)
0,31,00	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$200.00	
:	P.O. Box 1901 Austin, TX	78767		
			(If travel outside o	of Texas, complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A
The Instructio	n Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAMI Raul Ar	≡ turo Gonzalez		3 ACCOUNT # (Eth	nics Commission filers)
08/31/06	5 Full name of contributorcut-of-state PAC(Dd] Lloyd Doggett 6 Contributor address; City: State: Zip Code PO Box 5843 Austin, TX 7		7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 08/28/06	Full name of contributor	r, CA 9134		In-kind contribution description (if applicable)
Principal occup Educator	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date 08/30/06	Full name of contributor cut-of-state PAC (ID# Leo & Jean Kane Contributor address: City: State: Zip Code		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
	3516 Harlington Ln, Rich 75082	ardson TX	(If travel outside (of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date 08/31/06	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) for Texas, complete Schedule T
Principal occup Retired	nation / Job title (See Instructions)	Employer (See I		
Date 08/31/06	Full name of contributor out-of-state PAC (ID#	tin, TX	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occup Retired	78745 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
if co	ATTACH ADDITIONAL COPIES			requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruct	ion Guide explains how to complete this form.		1 Total pages Scho	edule A:
2 FILER NA	ME		3 ACCOUNT#(E	nics Commission filers)
Raul	Arturo Gonzalez			
4 Date 08/30/06	5 Full name of contributor out-of-state PAC (ID#: Geronimo M. Rodriguez,		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code PO Box 40774, Austin, T		\$100.00	
O Dinainal sea	i continuit lab (illa (Continuit)	140 5		of Texas, complete Schedule T)
Attorney	upation / Job title (See Instructions)	10 Employer (See Seton Ne	_ *	
Date	Full name of contributor oct-ct-state PAC (O#		Amount of contribution (S)	In-kind contribution description (if applicable)
08/31/06	Jesus Sifuentes Contributor address: City; State; Zip Code		\$100.00	
	306 Fox Hollow, Buda, T	X 78610		
Principal occ	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
·	v at Law	Linpidyer (dee	mandenona)	
Date	Full name of contributor cut-of-state PAC (ID#)	Amount of	In-kind contribution
08/26/06	<u> </u>	· · ·	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$100.00	<u> </u> -
	1306 Nueces St. Austin,	TX 78701	(If travel outside o	। of Texas, complete Schedule T)
	upation / Job title (See Instructions)	Employer (See	 	1,
Attorn	ey at Law	<u> </u>		
Date 08/31/06	Full name of contributor)	Amount of contribution (\$)	I In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code		\$200.00	<u> </u> !
	1715 S. First St., Aust	III, IX /0/0	4	[
		T	•	of Texas, complete Schedule T)
	upation / Job title (See Instructions) ey at Law	Employer (See	Instructions)	
	Full name of contributor Out-of-state PAC (ID#	1	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
Date 08/30/06	Ray Bonilla Ray, Wood & Bonilla Contributor address: City State Zin Code		\$200.00	
	Ray Bonilla Ray, Wood & Bonilla Contributor address; City; State: Zip Code PO Box 165001, Austin,	TX 78716		 -

Texas Ethics Commission P.O. Box 12070 Austin. Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission flers) Raul Arturo Gonzalez 5 Full name of contributor In-kind contribution 7 Amount of out-of-state PAC (ID# contribution (\$) description (if applicable) 08/31/06 B.E. Martinez \$100.00 6 Contributor address; City; State: Zip Code 10904-A Crown Colony Dr. Austin, TX 78747 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Retired Educator Date Full name of contributor Out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) 09/20/06 Steven R. Aleman \$100.00 Contributor address: City; State; Zip Code 1813 Cedar Ave. Austin, TX 78702 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney at Law Date Full name of contributor out-of-state PAC (ID#:_ Amount of In-kind contribution contribution (\$) description (if applicable) 08/31/06 Hines, Ranc & Holub \$100.00 Contributor address: City; State: Zip Code 1307 Nueces St., Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney at Law Date Full name of contributor In-kind contribution out-of-state PAC (ID#:_ Amount of description (if applicable) contribution (\$) Austin Apt. Assn. 08/30/06 \$500.00 Contributor address; City; State; Zip Code 4107 Medical Pky Ste 100 Austin, TX 78756 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#:_ contribution (\$) description (if applicable) 08/30/06 Law Office of Sandra Ritz Contributor address; City; State; Zip Code \$300.00

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902 Rio Grande, Austin, TX 78701

Principal occupation / Job title (See Instructions)

<u>Attorn</u>ey at Law

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAM	1E		3 ACCOUNT# (Eth	ics Commission filers)
Raul Ar	cturo Gonzalez			
4 Date	5 Full name of contributorout-of-state PAC (!D#		7 Amount of contribution (\$)	8 In-kind contribution
08/31/0	Malcolm Greenstein & Tho	mas Kolker	\$100.00	description (if applicable)
	6 Contributor address; City; State; Zip Code		\$100.00	
	1006 E. Cesar Chavez St.			
	Austin, TX 78702		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	vs at Law			
Date	Full name of contributor □ out-of-state PAC (!D# Mark A. Sampson		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/30/00			\$200.00	
	Contributor address; City; State; Zip Code		· 	
J	605 W. Oltorf, Austin, TX	78704	j	
				of Texas, complete Schedule 1)
	pation / Job title (See Instructions) y at Law	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
09/04/06	Gustavo L. Garcia Jr.		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$100.00	
	1302 West Ave., Austin, T	X 78701		ļ
			(if travel outside o	l of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	Instructions)	· · · · · · · · · · · · · · · · · · ·
Attorne	y at Law			
Date	Full name of contributor cut-of-state PAC (iD#		Amount of contribution (S)	In-kind contribution description (if applicable)
09/09/06	William T. Roach, III		-	,, (sp.,,
	Contributor address; City; State; Zip Code		\$125.00	
	8701 Bluffstone Cove #720	4		
	Austin, TX 78759		(If travel outside o	of Texas, complete Schedule T)
•	pation / Job title (See Instructions)	Employer (See I	Instructions)	
	loved Financial Analyst		A	
Date	Full name of contributor out-of-state PAC (#D#		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/23/06	Maria Kennedy			\$100.00
	Contributor address; City; State; Zip Code	actio TV		Food Donation
	2910 S. Congress Ave., Au 78704	ISLIII, IA		
Data et alta et		Employee (C.)		of Texas, complete Schedule T)
Owner -	pation / Job title (See Instructions) El Gallo Restaurant	Employer (See I	instructions)	

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POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission flers) Raul Arturo Gonzalez Date 5 Full name of contributor 7 Amount of In-kind contribution ut-of-state PAC (*D#:_ contribution (5) description (if applicable) 7/18-9/30Laura Barberena 2006 \$ 2,000 6 Contributor address; City; State; Zip Code consulting 8314 Dawnwood Av., San Antonio, TX photos/design (If travel outside of Texas, complete Schedule T) 78250 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Self Consultant, student Date Full name of contributor Out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) 8/30/06 James Parsons Contributor address; City; State; Zip Code P.O. Box 1748, Austin, TX 78767 (If travel outside of Tex Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney-200th Dsitrict Ct. Travis Cty Date Full name of contributor Amount of In-kind contribution contribution (S) description (if applicable) Contributor address: City: State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor In-kind contribution Out-of-state PAC (ID# Amount of contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDGE	ED CONTRIBUTIONS			SCHEDULE B
The Instruction	M GUIDE explains how to complete this form.		1 Total pages Sche	dule B:
2 FILER NAMI			3 ACCOUNT # (Eth	nics Commission filers)
Raul Ar	cturo Gonzalez			
4 TOT/	AL OF UNITEMIZED PLEDGES: ⇒	⇒ ⇔ ⇔	⇒ ⇒ ===================================	s
5 Date	6 Full name of piedgorcut-cf-s:ate PAC_D#		g Amount of	9 In-kind description
			pledge (\$)	(if applicable)
09/29/06	Jeff Senter/Lydia Perez. 7 Pledgor address: City, State: Zip Code		\$600.00	
	812 San Antonio St. #305 TX 78701	, Austin,] 	
10 Principal occup	pation / Job title (See Instructions)	11 Employer (See In	structions)	
Attorney_				
Date	Full name of pledgorout-cf-state PAC (ID#:		Amount of pledge (S)	In-kind description (if applicable)
09/29/06	Jorge Pineda Pledgoraddress: City; State: ZipCode		\$300.00	
	2211 S IH 35, Austin,TX	78741		
Principal occup Attorne	y at Law	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (10#:		Amount of	In-kind description
09/29/06	Kevin Boyd		\$200.00	(if applicable)
	507 W. 10th ST., Austin,	TX 78701		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
<u>Attorr</u>	pey at Law			
Date 10/03/06	Full name of piedgorcut-of-state PAC (ID#: . Skip. Davis)	Amount of pledge (\$)	In-kind description (if applicable)
	pation / Job title (See Instructions)	Employer (See In	structions)	
Attorn	ney at Law			
Date	Full name of pledgorout-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
10/03/06	Michael Casias Pledgor address: City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$100.00	
	P.O. Box 1901 Austin, TX	78767		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
Develo	· .		·	
lf contr	ATTACH ADDITIONAL COPIE: ributor is out-of-state PAC, please see instru			ing requirements.

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Raul Arturo Gonzalez	3 ACCOUNT # (Ethics Commission fiers)
4 Date 5 Payee name South Austin Democrats 6 Payee address: City: State: Zip Code 1311-B E. 6th St., Austin	7 Amount (\$) \$75.00
8 Purpose of payment (See instructions regarding type of information required.) Yellow Dog Event Sponsor	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	
Date Payee name Glen Maxey Consulting 08/19/06 Payee address; City: State; Zip Code 505 Willow St., Austin,	Amount (\$) TX 78701
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Political Consulting (If travel outside of Texas, complete Schedule T)	
Payee name 08/20/06 Office Max Payee address; City; State; Zip Code 907 W. 5th St., Austin, TX	Amount (\$) \$ 57.19 X 78703
Purpose of payment (See instructions regarding type of information required.) Campaign Office Supplies (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date Payee name	Amount
08/21/06 US Postal Service Payee address; City: State; Zip Code 6633 E. Highway 290, Aust:	\$147.00 in. TX 78723
Purpose of payment (See instructions regarding type of information required.) Postage for Campaign Postcards (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEEDED

1-800-325-8506

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Raul Arturo Gonzalez Date 5 Payee name Amount 08/22/06 American Printing & Mailing \$375**.6**8 6 Payee address: City: State; Zip Code 1606 Headway Cir #100, Austin, TX 78754 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office held Campaign Postcard Printing (If travel outside of Texas, complete Schedule T) Payee name \$433.00 El Gallo Restaurant 08/23/06 City; State; Zip Code Pavee address: 2910 S. Congress Ave. Austin, TX 78704 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held Food for Campaign Kick-Off (If travel outside of Texas, complete Schedule T) Payee name Date Amount Leadership Austin Payee address; City State; Zip Code 08/23/06 \$150.00 1609 Shoal Creek Blvd., Austin, TX 78701 Suite 202 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH ... required. Candidate / Officeholder name Office sought Office held Annual Membership Fee (If travel outside of Texas, complete Schedule T) Payee name Amount **(S)** 08/30/06 American Printing &Mailing \$156.96 City: State: Zip Code Payee address; 1606 Headway Cir #100, Austin, TX 78754 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held Office sought Campaign Business Cards (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethecs Commission filers) Raul Arturo Gonzalez 5 Payee name Amount (\$) 09/11/06 Glen Maxey Consulting \$250.00 6 Payee address; City; State; Zip Code 505 Willow St., Austin, TX 78701 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held Political Consulting (If travel outside of Texas, complete Schedule T) Pavee name Amount Date (\$) Travis County Sheriff's Law Enforcement Ass. \$100.00 09/19/06 Pavee address: City; State; Zip Code P.O. Box 142025, Austin, TX 78714 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH ... required.) Candidate / Officeholder name Office sought Office held BBQ Fundraiser (If travel outside of Texas, complete Schedule T) Date Pavee name Amount (\$) 09/21/06 Hispanic Bar Association of Austin Foundation \$100.00 Payee address; City; State; Zip Code P.O. Boxc 12692, Austin, TX 78711 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought Office held Annual Hispanic Heritage Luncheon (If travel outside of Texas, complete Schedule T) Pavee name Date Amount (\$) Kinko's Office & Print Center 09/27/06 \$134.23 Payee address; City; State; Zip Code 327 Congress Ave. #100, Austin, TX 78701 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Office sought Campaign Posters (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITIC	CAL EXPENDITURES		-	SCHEDULE F	
The Instruct	tion Guide explains how to complete this form.		1 Total pages	s Schedule F:	
2 FILER NAME Raul A	rturo Gonzalez		3 ACCOUNT	# (Ethics Commission filers)	
4 Date	5 Payeename Absolute Signage		,	7 Amount (S) \$400.00	
	6 Payee address; City: State: Zip Code 10721 Research Blvd, Aust	cin, TX 78759		7400.00	
required.) Campaig	ment (See instructions regarding type of information n Signs - Deposit e of Texas, complete Schedule T)	9 Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought Office neld	;
Date 7/18/06- 9/30/06	Payee name Laura Barberena Payee address; City; State: Zip Code 8314 Dawnwood Av., San Ar	ntonio, TX 782	50	\$2,000 (in-kind)	
required.) Consulti:	ment (See instructions regarding type of information ng, Photos, Graphic design of Texas, complete Schedule T)	•• Complete if di Candidate / Officeholder r	•	to benefit C/OH •• Office sought Office neld	
Date 8 / 30 / 06	Payee name James Parsons Payee address; City: State: Zip Code P.O. Box 1748, Austin, TX	78767		Amount (\$) \$50 (in-kind)	
required.) Photograp	ment (See instructions regarding type of information hy de of Texas, complete Schedule T)	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)	
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(If travel outside	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED		